



730-101 532-102  
130-105 240-104  
A/K  
LOC 0300  
8/16/95

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
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08/479,920 06/07/95 BOEHM M 214/226

0232/0815

LYON & LYON  
FIRST INTERSTATE WORLD CENTER  
633 WEST FIFTH STREET SUITE 4700  
LOS ANGELES CA 90071-2066

DATE MAILED: 0000

**NOTICE TO FILE MISSING PARTS OF APPLICATION  
FILING DATE GRANTED**

08/15/95

An Application Number and Filing Date have been assigned to this application. However, the items indicated below are missing. The required items and fees identified below must be timely submitted **ALONG WITH THE PAYMENT OF A SURCHARGE** for items 1 and 3-6 only of \$ 130.00 for large entities or \$ 65.00 for small entities who have filed a verified statement claiming such status. The surcharge is set forth in 37 CFR 1.16(e).

If all required items on this form are filed within the period set below, the total amount owed by applicant as a ☐ large entity, ☐ small entity (verified statement filed), is \$ 1468.00

Applicant is given **ONE MONTH FROM THE DATE OF THIS LETTER, OR TWO MONTHS FROM THE FILING DATE** of this application, **WHICHEVER IS LATER**, within which to file all required items and pay any fees required above to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

1. ☒ The statutory basic filing fee is: ☒ missing ☐ insufficient. Applicant as a ☒ large entity ☐ small entity, must submit \$ 230.00 to complete the basic filing fee.

2. ☒ Additional claim fees of \$ 608.00 as a ☒ large entity, ☐ small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

3. ☐ The oath or declaration:  
☐ is missing.  
☐ does not cover the newly submitted items.

An oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date is required.

4. ☐ The oath or declaration does not identify the application to which it applies. An oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

5. ☐ The signature(s) to the oath or declaration is/are: ☐ missing; ☐ by a person other than the inventor or a person qualified under 37 CFR 1.42, 1.43, or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

6. ☐ The signature of the following joint inventor(s) is missing from the oath or declaration:

\_\_\_\_\_ An oath or declaration listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

7. ☐ The application was filed in a language other than English. Applicant must file a verified English translation of the application and a fee of \$ \_\_\_\_\_ under 37 CFR 1.17(k), unless this fee has already been paid.

8. ☐ A \$ \_\_\_\_\_ processing fee is required since your check was returned without payment. (37 CFR 1.21(m)).

9. ☐ Your filing receipt was mailed in error because your check was returned without payment.

10. ☐ The application does not comply with the Sequence Rules. See attached Notice to Comply with Sequence Rules 37 CFR 1.821-1.825.

11. ☐ Other 110 MG 09/20/95 08479920  
110 MG 09/20/95 08479920

1 101 730.00 CK

1 105 130.00 CK

1 102 532.00 CK

1 104 240.00 CK

Direct the response to Box Missing Part 2 and refer any questions to the Customer Service Center at (703) 308-1202.

**A copy of this notice MUST be returned with the response.**




CLAIMS AS FILED									
	Number Filed		Number Extra		Rate			Fee	
					Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	19 - 20	-	0	X	\$11	\$22	-		\$ -0-
Independent Claims	10 - 3	-	7	X	\$38	\$76	-		\$ 532
Multiple Dependent Claims			1	X	\$120	\$240	-		\$ 240
BASIC FEE								\$365	\$ 730
TOTAL FEE								\$	\$1502

Applicant believes that no extension of term and/or fee is required regarding the filing of this communication, but if such is required please consider this a conditional petition therefor, and authorization to charge Deposit Account No. 12-2475. The Assistant Commissioner is further hereby authorized to charge any additional fees which may be required by this communication, or credit any overpayment, to Deposit Account No. 12-2475.

Respectfully submitted,  
LYON & LYON

Dated: September 7, 1995

By:

  
Hope E. Melville  
Reg. No. 34,874

~~LYON & LYON~~  
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